

Notice of Rulemaking Hearing
The Tennessee Department of Human Services
Division of Adult and Family Services

There will be a hearing before the Tennessee Department of Human Services to consider the promulgation of amendments to rules pursuant to Tennessee Code Annotated §§ 4-5-201 et seq. and 71-1-105(12). The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, § 4-5-204 and will take place in the 2nd Floor, Boardroom, Citizens Plaza Building, 400 Deaderick Street, Nashville, Tennessee at 1:30 p.m. CDT on Tuesday, July 24, 2007.

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) should contact the Department of Human Services to discuss any auxiliary aids or services needed to facilitate such participation. Such initial contact may be made no less than ten (10) days prior to the scheduled meeting date (the date the party intends to review such filings), to allow time for the Department of Human Services to determine how it may reasonably provide such aid or service. Initial contact may be made with the Department of Human Services' ADA Coordinator, Anneita Dunbar, Citizens Plaza Building, 400 Deaderick Street, 3rd Floor, Nashville, Tennessee 37248, telephone number (615) 313-5563 (TTY)-(800) 270-1349.

For a copy the proposed rule contact: Phyllis Simpson, Assistant General Counsel, Department of Human Services, Citizens Plaza Building, 400 Deaderick Street, 15th Floor, Nashville, TN 37248-0006, telephone number (615) 313-4731.

Substance of Proposed Rules
of
The Tennessee Department of Human Services
Adult and Family Services Division

Chapter 1240-1-50
Financial Eligibility Requirements
Families First Program

Amendments

Rule 1240-1-50-.20 Standard Of Need/Income, is amended by deleting parts 1 and 2 under subparagraph (g), paragraph (1), and by substituting instead the following language so that, as amended, parts 1 and 2 under subparagraph (g), paragraph (1) shall read as follows:

1. Tables

Table I

Number of Persons in Assistance Group	1	2	3	4	5	6	7	8	9	10
Gross Income Standard	1217	1574	1837	2011	2257	2379	2518	2609	2764	2838
Consolidated Need Standard	658	851	993	1087	1220	1286	1361	1410	1494	1534
Standard Payment Amount (SPA)	95	142	185	226	264	305	345	386	425	467

Minimum Families First Payment is \$10 per month for any Assistance Group

Number of Persons in Assistance Group	11	12	13	14	15	16	17	18	19	20
Gross Income Standard	2932	3021	3102	3180	3252	3319	3480	3430	3471	3498
Consolidated Need Standard	1585	1633	1677	1719	1758	1794	1827	1854	1876	1891
Standard Payment Amount (SPA)	508	549	589	630	670	711	750	790	831	871

Minimum Families First Payment is \$10 per month for any Assistance Group

Table II

Number of Persons in Assistance Group	1	2	3	4	5	6	7	8	9	10
Gross Income Standard	1217	1574	1837	2011	2257	2379	2518	2609	2764	2838
Consolidated Need Standard	658	851	993	1087	1220	1286	1361	1410	1494	1534
Standard	140	192	232	242	291	305	345	386	425	467

Payment Amount (SPA)										
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Minimum Families First Payment is \$10 per month for any Assistance Group

Number of Persons in Assistance Group	11	12	13	14	15	16	17	18	19	20
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Minimum Families First Payment is \$10 per month for any Assistance Group

2. The Families First standard payment amount (maximum payment) for an assistance group of three (3) persons represents 18.6 % of the consolidated need for an assistance group of that size. The Families First maximum differential grant payment amount for an assistance group of three (3) persons represents 23.3% of the consolidated need for an assistance group of that size. The payment for groups composed of different numbers of recipients represents an upward adjustment of the percentage in the preceding sentence which is necessary to maintain the payment at a level not more or less than that paid in fiscal year 2006-2007.

Authority: TCA §§ 4-5-201 et seq.; 71-1-105; 71-3-151—71-3-165, 71-3-154(i); 71-3-155(e)-(g); Senate Bill 2334/House Bill 2353 (2007); 42 USCA §§ 601 et seq.; and 45 CFR 233.20.

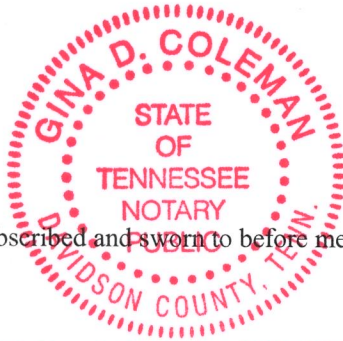
Legal Contact or Party who will approve final copy:

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I certify that this is an accurate and complete representation of the intent and scope of rulemaking proposed by the Department of Human Services.



My Commission Expires JULY 25, 2009

Phyllis A. Simpson
Assistant General Counsel
Tennessee Department of Human Services

Subscribed and sworn to before me this 31st day of May, 2007.

Notary Public

My commission expires on the _____ day of _____, _____.

The notice of rulemaking set out herein was properly filed in the Department of State on the 31 day of May, 2007.

Riley C. Darnell
Secretary of State

By:

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